STATE OF CONNECTICUT
State Innovation Model
Health Information Technology (HIT) Council
Meeting Summary
Friday, April 17, 2015
10:00-12:00p.m.

Location: Connecticut Behavioral Health Partnership, Hartford Room (Suite 3D), 500 Enterprise Drive, Rocky Hill, CT

Members Present: Thomas Agresta; Anne Camp; Patricia Checko; Anthony Dias; Michael Hunt; Vanessa Kapral; Matthew Katz; Michael Michaud; Mike Miller; Mark Raymond; Philip Renda; Craig Summers; Sheryl Turney; Josh Wojcik

Members Absent: Commissioner Roderick Bremby; Crystal Emery; Ed Fisher; Ludwig Johnson; Alan Kaye; Stephen O'Mahony; Jenn Whinnem

Other Participants: Daniel Heinze; Paul McOwen; Mark Schaefer; Fran Turisco; Winthrop Whitcomb

The meeting was called to order at 10:00 a.m.

1. Introductions
Mark Raymond chaired the meeting. Participants introduced themselves.

2. Public Comments
There was no public comment.

3. Minutes
Matt Katz moved to approve the March 20th meeting minutes. The motion was seconded by Vanessa Kapral and the minutes were adopted.

4. Medicaid Data Sharing Issues Discussion
Phyllis Hyman, an attorney for the Department of Social Services (DSS), discussed the statutory limitations of Medicaid data sharing. Ms. Hyman provided the Council with a summary of federal and state law relating to confidentiality of Medicaid data at DSS. Ms. Hyman explained that DSS must restrict the use and disclosure of Medicaid data in compliance with the federal Medicaid statute. In addition, the Health Insurance Portability and Accountability Act (HIPPA) requires compliance with more stringent state regulations if they exist. In Connecticut, this takes form as the Connecticut General Statutes, Section 17b-90(b). While the Connecticut law can be amended, modification of the federal law would require a level of effort impractical for the initiative.

When asked about what other states are doing, Ms. Hyman relayed that the Colorado All Payers Claims Database (APCD) is able to use Medicaid data because they follow the state regulations over the Federal Statute. Massachusetts interprets the federal law differently but Ms. Hyman did not have specific information in that regard.

Mike Miller relayed Michigan's Medicaid data sharing across DSS and the Department of Health Services (DHS) and suggested Connecticut speak with them. Mr. Miller also apprised

the Council of Illinois' legislation that allows the Department of Public Health (DPH) and the Department of Family Services to share data to improve health outcomes.

Patricia Checko asked if the data sharing arrangement that Mary Alice Lee and the Connecticut Voices for Children could apply to the SIM initiative. Ms. Hyman stated that DSS believes that Mary Alice Lee's work directly contributes to the administration of the program. Ms. Hyman added that the SIM initiative may be able to use Medicaid data if SIM complies with the statue requirements and DSS concludes the initiative contributes to program administration. Currently, the APCD does not meet that criteria.

Dr. Checko asked if the Medicaid data ultimately belongs to the patient and not to DSS. Mr. Raymond asked if there is a working definition of when the data moves from Medicaid to DSS. Michael Hunt asked what medical management services the data would support and if they could align with Department's requirements for data sharing.

Mr. Katz asked if the SIM HIT Council is able to make a definition or statement regarding the data's role to define and determine its fit within the rubric of plan administration that improves services the way DSS requires. Mark Schaefer suggested the Council take a position to meet a programmatic need. Thomas Agresta suggested a longitudinal rationale that analyzes patient traffic across programs to improve the health outcomes of patients by coordinating their movement across providers.

Dr. Checko concluded the Medicaid data discussion by stating that referencing two databases with payment data is regressive and a more innovative model may be to consider data as patient data. Ms. Turisco explained that claims data is a readily available form that gives an overview of what happened to the patient. Mr. Raymond suggested the Council think of building the solution on a continuum with a broader delivery capacity.

5. Charter and Conflict of Interest Recommendations

Ms. Turisco of The Chartis Group presented on the Charter Workgroup's revisions of the Charter and Conflict of Interest documents. Mr. Katz moved to approve the Charter. Dr. Checko seconded the motion and Council members approved the Charter.

Ms. Turisco reviewed the Conflict of Interest revisions. Mr. Katz explained his addition, stating that individuals have the responsibility to identify conflicts and recuse themselves from voting. He suggested the "should, would, could," language allow latitude and flexibility. Dr. Schaefer explained that SIM voting is advisory in nature and not binding. Mr. Raymond said the Conflict of Interest policy exists as a broader SIM policy and needs to be considered by the Steering Committee. Mr. Katz reiterated the importance of an individual's opportunity to identify their conflicts.

6. Measures Performance and Reporting Design Group Summary

Ms. Turisco presented the conclusions from the HIT Design Group: Measure Performance and Reporting. Some members suggested direct communication between HIT and other Councils as the process moves forward. These included 2016 design requirements, inter-council communications and education, and additional data sources.

7. Inter-Council Memorandum: Response from the Quality Council

Dr. Schaefer presented on the Quality Council response to the Inter-Council Memorandum. The first stage would require most of the HIT processing to be done by the providers, de-

identified and sent to the PMO to generate the aggregated reports. This is in draft with issues on who can view the data and what data will be needed. Dr. Schaefer opened the floor to questions.

Mr. Katz asked if the term audit, presented as part of the end user requirements, refers to an actual audit or more of a review. Craig Summers pointed out the variety of provider types that are targeted implementers. Providers may not be able to provide the sweat equity the program would require. Dr. Agresta said the validity of the data weakens the more it is sliced and diced across payers, providers, and time.

8. Edge Server Education and Q&A

Paul McOwen, Zato's CEO, presented on the Zato solution.

The following summarizes the Q&A discussion:

- Ms. Turisco asked Mr. McOwen to explain indexing and tagging in layman's terms. Mr. McOwen described indexing and tagging as categories for easier searching, similar to conducting a Google search. Ms. Turisco asked how the index is created. He said it would be addressed later in the presentation.
- Mr. Raymond asked where the edge server sits in relation to the various entities. Mr. McOwen said the edge servers sit in the site's data center.
- Mr. Raymond, Mr. McOwen, and Michael Hunt discussed EHRs and practice management systems. Mr. McOwen said Zato could take the data that is currently existing in silos across providers and use the output from EHRs to make a common analogue system. Zato would start with a pilot within a firewall to test the solution.
- Ms. Turisco asked how long it would take. Mr. McOwen said it took 45 hours of personnel time to complete Zato's indexing of the Baystate Cerner data base at the Baystate Innovation Center. The amount of work required wanes as the project matures. For example, Baystate staffed eight people initially for the implementation and then decreased personnel down to two. Mr. McOwen and Winthrop Whitcomb gave a few examples of meaningful use.
- Dr. Hunt asked if Zato could walk the SIM HIT Council through how they connect entities and attach the data sources the SIM grant is hoping to manage. Mr. McOwen said Zato has done this in the past. The connection would depend on the type of system the entity has currently. Zato would work with a representative of the organization on usability and connect their data sources through indexes.
- Ms. Turisco asked if Zato does their reporting on top of data indexing and processing. Mr. McOwen explained that they could do a batch analysis where an auditor, for example, conducts the analysis using a Zato template and downloads the results.
- Dr. Hunt asked if the data is extracted on a regular basis. Mr. McOwen said the Council could select the frequency of data collection and communication.
- Dr. Agresta asked what the Zato indices contain and if the solution has query capabilities. Mr. McOwen described two possible options. One that would point to the EHR database and the other to take an HL7 feed from the EHR.
- Dr. Agresta asked if providers would have to push their data to Zato in order for Zato to report out. Mr. McOwen said every database administrator controls what moves out and in. The SIM HIT Council would implement standards for the providers to follow on a voluntary basis.

- Dr. Checko asked if Zato could review how the current contract with DSS data could work with the HIT solution. Mr. McOwen said the current license with DSS could be used across state agencies and the agencies would pay extra based on their needs beyond the license.
- Mr. Katz asked how the data is standardized and normalized for reporting purposes. Mr. McOwen said Zato can help create standards but usually conforms to data normalizing standards, similar to an ETL.
- Anthony Dias asked if Mr. McOwen could speak to the end user reporting capabilities. Mr. McOwen said the data is held in Btrieve indexes and they use highly efficient means to get the data out. Mr. Dias asked if customization is available. Mr. McOwen replied that it is.
- Mike Miller asked how the indexing history captures historical records and occurrences. Mr. McOwen said the solution catalogs 100% of historical transactions. The user can capture the actual document if they choose. The data can be captured longitudinally with customized indexing. Dr. Whitcomb explained that Zato has a single reporting mechanism that can be used by others.
- Mr. Miller asked about the longevity of the Connecticut state license. Mr. McOwen said it is for the first year and can be scaled for an additional fee.
- Josh Wojcik asked when the Baystate Innovation Center solution will be functioning and if the Council could view the concept. Mr. McOwen said Zato could show the Council unidentified clinical record functionality. Baystate could be viewed in the next couple of weeks. The Baystate Innovation Center may be open to having guests.

Mr. Raymond commended the Council and Zato on the fruitful discussion and recommended more questions be discussed on an individual basis given the time.

9. Next Steps

Ms. Turisco reviewed next steps. The Design Group will reconvene to debrief on the two solutions and identify follow up questions. Dr. Schaefer said he would solicit volunteers from the Quality Council for the next meeting.

The meeting adjourned at 12:20pm.